APPENDIX B

SEPA NOMINATION OF THE CONTRACTING OFFICER'S REPRESENTATIVE (COR) This form is submitted by the COR nominee's supervisor to the cognizant contracting officer (CO) within the Office of Acquisition Management of Regional Contracting Office. The CO will send a signed copy of this form back to the nominating supervisor with approval or deny approval with reason. If approved, the CO will respond to this nomination, in writing, to both the COR nominee and the COR nominee's supervisor with a COR Appointment Memorandam For additional information on the requirements for being a COR Reference EPAAG 1.6.5 - Contracting Officer's Representatives Three-Tiered Program Policy la. Name of Nominee b. Title, Series, and Grade Paul Schlosser Biologist, GS-15 d. Organization Office: U.S. EPA/ORD c. Mailing Address: Mail Code: MD B243-01 e. Phone Number: 919-541-4130 Street Address: 109 T.W. Alexcander Drive City, State & Zip Code: RTP, NC 27711 E-mail Address schlosser.paul@epa.gov This COR nomination is for FAC-COR Level (Check appropriate block) COR Type FAC-COR Level 1 FAC-COR Level II FAC-COR Level III Contract Level COR Delivery Order COR Work Assignment COR Task Order COR IA COR Simplified Acquisition COR Foreign Contract COR Alternate COR Other (Specify): Certification and Experience a. Certification: Current FAC-COR certification level # certificate attached (Y/N) * b. Current CL Achievement Certificate, (if applicable): Valid to attached (Y/N) 4. Contract Number: 5. I find that the nominee is technically proficient and is certified at the appropriate FAC-COR Level for this nomination. I affirm that, if appointed, the COR will be provided sufficient time to execute the daties of a COR and to maintain certification through completion of required CLPs for the appropriate FAC-COR Level. I certify, if the COR nominee is appointed, that the PARs agreement for the COR nominee includes applicable language related to COR duties and responsibilities. I will notify the CO immediately if there is a need to change the appointed COR and nominate a replacement COR for the contract (s). 5a. Name of Nominee's Immediate Supervisor 5b. Signature of Nominee's Immediate Supervisor Viktor Morozov Sc. Date 5d. Phone Number 6. I understand that my appointment as a COR is dependent on adequately performing my COR daties, following ethical standards of conduct for employees of the Executive Branch, and maintaining certification as prescribed in this policy. If any of these conditions are not met, I may be removed as the COR from this contract(s). I cannot redelegate my COR daties. In the event that I am unable to continue performing my COR daties, I will contact my supervisor and the contracting officer immediately. If applicable: I have filed the Office of Government Ethics Form 450, Confidential Financial Report, with the cognizant deputy Ethics official. Signature of Nominee Oct. 16, 2019 Contracting Officer's Use Only I approve of the above nominated COR for FAC-COR level . I deny approval of the above nominated COR for FAC-COR level ___. Reason:

Signature:

Contracting Officer Name (Print):